

DEPARTMENT OF PARKS AND RECREATION | 715-359-9988

Municipal Center - 5500 Schofield Avenue, Weston, WI 54476 | 715-359-6114

Aquatic Center - 5815 Alta Verde St, Schofield, WI 54476 | 715-241-SWIM (7946)



# WESTON AQUATIC CENTER RENTAL REQUEST FORM

7:30PM to 8:30PM or 7:30PM to 9:30PM

Name of Group: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Name of Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Rental Time: \_\_\_ 7:30PM to 8:30PM or \_\_\_ 7:30PM to 9:30PM

Type of Event: \_\_\_\_\_

Number of Participants: \_\_\_\_\_ Children: \_\_\_\_\_ Adults: \_\_\_\_\_

Concession Stand: Yes / No Pool w/ Slide: Yes / No

Alcoholic beverages, carry-in's, coolers, and glass objects are prohibited in the facility

## Rental Fees

1-50 people: \$150/hour

51-75 people: \$175/hour

76-100 people: \$200/hour

Pool Rental (amount from table above): \_\_\_\_\_ x (1 or 2 hours) \$ \_\_\_\_\_

Pool/Additional People over 100 = \_\_\_\_\_ x \$2.00 x (1 or 2 hours) \$ \_\_\_\_\_

**TOTAL RENTAL FEE** \$ \_\_\_\_\_

☐ Cash ☐ Check

**ALL FEES MUST BE RECEIVED 2 WEEKS PRIOR TO DATE OF EVENT**

**Rental date and time subject to Aquatic Center staff approval.**

Rental fee will be refunded if cancelled seven (7) days prior to events

The undersigned accepts full responsibility for the conduct of the above group while on park property and agrees to indemnify and save harmless the Village of Weston from any and all liability which might be occasioned to said Village by virtue of granting permission in this rental agreement. I further agree to exercise due care in the preservation of the premises. I further agree that I will ensure compliance with all rules, regulations, or ordinances applicable to the use of the Weston Aquatic Center.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date paid: \_\_\_\_\_ Staff Signature: \_\_\_\_\_